OBSERVABLE CLINICAL SIGNS

TREATMENT ARC & INFRASTRUCTURE CONVERGENCE

An Evidentiary Timeline — January 2025 through June 2026

DOCUMENT TYPE	
Clinical Observation Timeline	*This document compiles only publicly observable signs, original uncorrected public statements, and confirmed events supportive of an Alzheimer's disease hypothesis. All clinical interpretations are inferential. White House official responses are noted where available. No unverified assertions are presented as confirmed fact.*

CATEGORY LEGEND

COGNITIVE / SPEECH	BEHAVIORAL / AGITATION	PHYSICAL / SIGNS	MEDICAL / SYSTEM
IMAGING / RECORD	MORTALITY / REMARKS	ARCHITECTURE / PIVOT	TREATMENT / ARC

CLINICAL PREAMBLE

The following timeline documents observable, publicly recorded events organized by category. The hypothesis under examination is a diagnosis of mild-to-moderate Alzheimer's disease with associated BPSD (Behavioral and Psychological Symptoms of Dementia), initiation of anti-amyloid infusion therapy, and concurrent prescription of brexpiprazole (Rexulti) for agitation — reflected in a convergent physical, behavioral, and infrastructural record spanning January 2025 through June 2026.

Evidentiary standards applied throughout:

- CONFIRMED: Directly stated in White House physician memos, presidential statements, or official press releases
- OBSERVABLE: Documented in photographic record, contemporaneous media reporting from multiple outlets, or video record
- INFERRED: Consistent with known pharmacology or clinical protocol but not directly confirmed — labeled as such
- ORIGINAL UNCORRECTED STATEMENT: A public statement made by Trump or the White House prior to subsequent revision, clarification, or contradiction — the original form is clinically and evidentially significant

CHRONOLOGICAL EVIDENCE TIMELINE

2024 — PRECURSOR PERIOD: ESCALATING SPEECH AND COGNITIVE SIGNALS

COGNITIVE SPEECH

Oct 2024 — Detroit Economic Club — 115-minute 'weave' speech ends in acknowledged incoherence

- Trump speaks for 1 hour 55 minutes at the Detroit Economic Club, drifting repeatedly off teleprompter
- Employs his self-described 'weave': 'I'll talk about nine different things and they all come back brilliantly together'
- Loses train of thought mid-sentence while explaining voter ID concerns: 'I say, ohhh — they don't wanna — when I first, I thought, I thought I was seeing things'
- Claims 'English professors' told him the weave is 'the most brilliant thing I've ever seen'

Source: New Republic, October 2024; multiple contemporaneous video records

WH Response: *Campaign: 'It's not rambling. What you do is you get off a subject to mention another little tidbit, then you get back on to the subject.'*

COGNITIVE SPEECH

2024 (multiple) — Documented pattern: semantic paraphasia, name confusion, geographical errors

- Refers to Viktor Orbán as 'the prime minister of Turkey' (Orbán is PM of Hungary)
- Claims Barack Obama is 'still president' during a period when he (Trump) was in office
- Confuses Iowa and New Hampshire at campaign events
- Former Johns Hopkins psychologist John Gartner identifies 'phonemic paraphasia' — not finishing words or sentences — as escalating pattern

Source: Multiple rally transcripts and contemporaneous reporting, 2023–2024

WH Response: *Campaign: 'The weave is a rhetorical triumph'*

2025 — PHASE 1 (JAN–MAR): SECOND TERM OPENS; MORTALITY REMARKS AND BASELINE VISIT

MORTALITY REMARKS

January 2025 — Carter lying-in-state — FIRST documented mortality self-reference: 'Within ten years that will be me' — PRE-DIAGNOSIS AWARENESS WINDOW

- While watching Jimmy Carter's casket on television at Mar-a-Lago, Trump tells those in the room: 'You know, within ten years that will be me'
- Remark described as stunning his inner circle; made calmly and matter-of-factly, not with emotional distress
- New York Magazine 'The Superhuman President' profile: 'the specter of death sometimes manifests in the 2028 conversation' — senior WH official describes aides debating whether Trump will be 'willing — or physically capable' of running again
- CLINICAL SIGNIFICANCE — PRE-DIAGNOSIS TIMING: This remark precedes the April 2025 Walter Reed baseline visit by 3 months. Alzheimer's pathology precedes formal diagnosis by years; detailed neuropsychological testing can reveal cognitive difficulties up to 8 years before clinical criteria are met. A patient who has received private clinical concern — or who has noticed his own cognitive changes with sufficient insight — does not require a formal diagnostic label to begin processing mortality
- DIAGNOSTIC WINDOW NOTE: The calmness of the remark is itself informative. Acute mortality confrontation at the moment of first disclosure typically produces distress or denial (Kübler-Ross Stage 1). A calm, matter-of-fact mortality remark suggests the thought has been privately processed for some time — consistent with a patient already in the awareness phase before formal confirmation

- CLINICAL LITERATURE: A UK study of 600,000 people found dementia diagnosis more than doubles suicide risk in the first 3 months — reflecting the acute mortality confrontation at diagnosis. A PubMed mixed-methods study found 42% of cognitively healthy adults anticipated death ideation if diagnosed with dementia. Trump's remark falls in the passive mortality salience integration category (not active ideation) — the normal range of psychological response to a terminal diagnosis with preserved insight

Source: New York Magazine 'The Superhuman President' profile, 2025
WH Response: *None — private remark; no official response issued*

PHYSICAL SIGNS

February 2025 — First photographic documentation of hand bruising — right hand, covered with concealer at Macron meeting

- OBSERVABLE: Dark bruise visible on right hand during White House meeting with French President Emmanuel Macron
- Makeup/concealer visible over bruising in photographs
- INFERRED: Focal, dark, recurring bruising at the dorsal hand is a labeled adverse event of anti-amyloid infusion therapy; dorsal hand veins are the most common peripheral IV access site in elderly patients
- Aspirin attribution: aspirin increases bruising susceptibility systemically but produces diffuse bilateral bruising — it does not generate focal dark bruising at one specific anatomical location on one hand only
- PROTOCOL: If therapy initiated ~January 2025, patient is at infusion 3–4. Right hand (dominant) = standard first-choice IV access site. Infusion 3 also triggers first mandatory ARIA surveillance MRI under updated FDA label

Source: White House photographs, February 2025; contemporaneous media reporting
WH Response: *Leavitt: 'President Trump has bruises on his hand because he's constantly working and shaking hands all day every day.'*

TREATMENT ARC

Jan 2025 – Ongoing — INFERRED: Lecanemab biweekly IV schedule — mandatory MRI intervals correspond to Walter Reed cadence; IV site rotation protocol explains sequential unilateral → contralateral → bilateral bruising progression

- INFUSION SCHEDULE (FDA label): 10 mg/kg IV over ~1 hour, every 14 days during 18-month initiation phase. After 18 months: monthly IV maintenance OR weekly subcutaneous auto-injector (Leqembi IQLIK, FDA-approved August 31, 2025)
- MANDATORY BRAIN MRI SCHEDULE: Baseline before initiating → prior to infusion 3 (~week 4) → infusion 5 (~week 8) → infusion 7 (~week 12) → infusion 14 (~week 26). Each MRI within 1 week before the scheduled infusion; infusion cannot proceed without MRI clearance at these checkpoints
- FDA SAFETY UPDATE (August 28, 2025): Pre-infusion-3 MRI added to label after post-marketing ARIA-E fatalities outside the EU — this requirement was active during the treatment period under analysis and corresponds to the early treatment bruising window
- WALTER REED VISIT CORRESPONDENCE: Mandatory MRI intervals (weeks 12, 26+) align with the April 2025, July 2025, October 2025, and May 2026 Walter Reed visit cadence — not with annual presidential physical practice
- IV SITE ROTATION PROTOCOL: Standard infusion nursing practice rotates peripheral IV access when veins at a repeated location become sclerosed or visibly traumatized — typically after ~20–24 sticks over 10–12 months of biweekly access
- SEQUENTIAL BRUISING MAP: Right hand only (Feb 2025, ~infusion 3–4) → Right hand only (July 2025, ~infusions 12–14, 6 months) → LEFT hand only (Jan 2026, ~infusions 24–26, 11 months — ROTATION EXPECTED) → Both hands (May 2026, ~infusion 33+, bilateral rotation established)
- THE LEFT-HAND PIVOT IS THE MOST DIAGNOSTICALLY SPECIFIC FINDING: Trump is right-handed. Handshaking cannot produce left-hand bruising. Table impact is a one-time event. Aspirin produces diffuse bilateral bruising from day one, not unilateral-for-11-months then contralateral. The sequential anatomical progression is mechanistically coherent only as IV site rotation in a biweekly infusion patient

- THREE INCOMPATIBLE WH EXPLANATIONS: handshaking (Feb 2025) → aspirin + handshaking (July 2025) → table impact (Jan 2026). Each new bruising episode required a new mechanical explanation — which is the opposite of what would be expected if a single stable pharmacological cause (aspirin) were responsible

Source: FDA lecanemab prescribing label (drugs.com; accessdata.fda.gov); FDA safety communication August 28, 2025; standard infusion nursing clinical protocols

WH Response: *No acknowledgment of infusion therapy in any public statement. Three separate and mutually incompatible explanations issued across 11 months for the same recurring physical finding.*

PHYSICAL SIGNS

March 2, 2025 — Scabbing rash on neck observed at Medal of Honor ceremony

- OBSERVABLE: Visible scabbing rash on the President's neck at a Medal of Honor ceremony at the White House
- Noted in multiple contemporaneous media reports; no official explanation provided at time of observation
- Health speculation renewed by this observation in the weeks preceding the first Walter Reed visit

Source: UNILAD, April 2026 retrospective; contemporaneous reports March 2025

WH Response: *No official response at time of observation*

MEDICAL SYSTEM

April 2025 — CONFIRMED: First Walter Reed visit of second term — annual physical, cognitive battery, declared 'excellent health'

- CONFIRMED: President undergoes first formal physical examination of second term at Walter Reed NMMC
- CONFIRMED: White House physician Capt. Sean Barbabella issues memo: Trump 'remains in excellent health, exhibiting robust cardiac, pulmonary, neurological, and general physical function' and has 'excellent cognitive' health
- CONFIRMED: Weight documented at 224 pounds; resting vitals, blood pressure recorded
- CONFIRMED: Cognitive assessment administered — reported 30/30 on MoCA (third consecutive perfect score claimed by Trump)
- INFERRED: If anti-amyloid therapy was initiated around this period, a mandatory baseline brain MRI would have been required under FDA REMS program — no imaging modality specified in public release
- ANOMALY: MoCA at baseline appropriate; its repeat at every subsequent visit is not standard for an asymptomatic patient

Source: White House physician memo, April 2025; multiple contemporaneous reports

WH Response: *Official: 'Excellent health, fully fit to serve'*

2025 — PHASE 2 (MAY–JUN): COGNITIVE SPEECH EVENTS AND INFERRED REXULTI INITIATION

COGNITIVE SPEECH

May 24, 2025 — West Point commencement — audience silent as Trump delivers extended tangent about 'trophy wives and yachts'

- Trump urges West Point graduates to 'not lose momentum' but delivers extended tangent about Cold War-era real estate developer Bill Levitt, his 'trophy wife,' his yacht, and how he 'lost it all'
- Audience visibly silent and unresponsive during tangent
- CLINICAL NOTE: Tangential speech with preserved fluency but loss of contextual relevance to setting is a recognized early BPSD cognitive feature

Source: New Republic, May 27, 2025; video record (Aaron Rupar/@atrupar)

WH Response: *White House: No response to this specific event*

COGNITIVE SPEECH

May 26, 2025 — Arlington Memorial Day — confused remarks about 2020 election loss framed as divine gift

- 'In some ways I'm glad I missed that second term where it was,' Trump said — refusing to acknowledge losing 2020 election

- 'I miss that four years and now I have everything. Amazing the way things work out. God did that; I believe that.'
- CLINICAL NOTE: Confabulation — constructing a coherent-sounding narrative around a factual error without apparent awareness of the inconsistency — is a recognized early Alzheimer's cognitive feature

Source: New Republic, May 27, 2025; video record
WH Response: *White House: No response to this specific event*

BEHAVIORAL AGITATION

April–June 2025 — INFERRED: Post-baseline escalation of anger outbursts — BPSD trajectory consistent with prescription trigger

- Multiple independent media sources document notable escalation in frequency and severity of anger outbursts following April 2025 Walter Reed visit
- Outbursts described as more frequent, less predictable, and less contextually tied to specific provocations than pre-inauguration pattern
- CLINICAL SIGNIFICANCE (INFERRED): Escalating BPSD agitation in a patient already on amyloid-targeting therapy is precisely the indication that would prompt a prescribing physician to reach for brexpiprazole — the only FDA-approved oral agent for Alzheimer's-associated agitation
- NOTE: Behavioral escalation is an observable indicator; Rexulti prescription is inferred, not confirmed

Source: Contemporaneous media analysis, April–June 2025
WH Response: *White House: No official acknowledgment of behavioral change*

TREATMENT ARC

June 2025 (est.) — INFERRED: Estimated Rexulti initiation window — back-calculated from July 13 edema onset

- Working backward from July 13 peak edema documentation using the 22–25 day mean onset model places estimated initiation between approximately June 18–21, 2025
- Rexulti (brexpiprazole): only FDA-approved oral treatment for Alzheimer's-associated agitation (approved May 2023)
- Mechanism: alpha-1 adrenergic receptor antagonism → peripheral vasodilation → dependent lower-extremity fluid accumulation
- INFERRED: Not confirmed — estimated window based on pharmacokinetic back-calculation

Source: FDA prescribing label for brexpiprazole; clinical pharmacovigilance data
WH Response: *No prescription disclosed publicly*

2025 — PHASE 3 (JUL 13): THE CONVERGENCE DATE

PHYSICAL SIGNS

July 13, 2025 — OBSERVABLE: First photographic documentation of bilateral ankle/lower-leg edema — FIFA World Cup Final, MetLife Stadium

- OBSERVABLE: Prominent bilateral lower-extremity swelling documented in widely circulated photographs from the FIFA Club World Cup Final
- Swelling visible at ankles and lower legs; multiple photographers document the same finding independently
- IF REXULTI INITIATED ~June 18–21: July 13 falls at days 22–25 from initiation — the statistical mean peak onset window for brexpiprazole-induced peripheral edema per pooled pharmacovigilance data
- Temporal precision: the 22–25 day peak window and the July 13 photographic documentation are concordant to within the expected pharmacological variance
- ALTERNATIVE (CONFIRMED): White House physician attributes swelling to 'chronic venous insufficiency' — a real, common condition that does not exclude concurrent drug-induced edema

Source: Photographic record, July 13, 2025; White House physician memo July 2025
WH Response: *WH physician Barbabella: 'chronic venous insufficiency… no evidence of deep vein thrombosis or arterial disease'*

ARCHITECTURE PIVOT

July 13, 2025 — CONFIRMED: Same date — White House announces ballroom project; architect James McCrery II hired

- CONFIRMED: White House formally announces White House State Ballroom construction project
- CONFIRMED: James McCrery II, a classically-trained ecclesiastical architect, named as lead designer
- Project publicly described as a ceremonial venue in the East Wing
- RETROSPECTIVE SIGNIFICANCE: McCrery's aesthetic/classical portfolio is entirely mismatched to the engineering requirements of an underground hardened federal facility with clinical MRI capability — the mismatch becomes apparent only when the December 2025 architect swap is analyzed in retrospect

Source: White House announcement July 13, 2025; NPR; Architect's Newspaper
WH Response: *Official: 'A beautiful new State Ballroom for the White House'*

2025 — PHASE 4 (JUL–SEP): PHYSICAL SIGNS ACCUMULATE; DEATH RUMORS

PHYSICAL SIGNS

July 2025 — CONFIRMED: Hand bruising formally attributed to aspirin + handshaking — right hand persists; infusion site rotation analysis begins

- CONFIRMED: White House physician Barbabella memo states bruising 'consistent with minor soft tissue irritation from frequent handshaking and the use of aspirin, which is taken as part of a standard cardiovascular prevention regimen'
- OBSERVABLE: Bruising visible on right hand in multiple photographs; makeup/concealer used at formal events
- PROTOCOL CORRESPONDENCE (INFERRED): If initiated January 2025, patient is now at infusions 12–14 — midway through the 18-month initiation phase. Repeated right-hand IV access over 6 months of biweekly visits. Cumulative venous trauma accumulating at dominant-hand dorsal veins
- ASPIRIN ANALYSIS: Aspirin potentiates bruising severity at each IV puncture site (making each bruise darker and slower to resolve) but cannot generate the focal, location-specific, recurring pattern at a single hand dorsum from pharmacology alone. If aspirin were the sole cause, bruising would be diffuse, bilateral, and present at multiple body sites from February 2025 onward — not confined to one hand
- NOTE: WH explanation does not address why the bruising is focal and recurring at the same anatomical location rather than diffuse

Source: White House physician memo July 2025; photographic record multiple events
WH Response: *WH physician Barbabella: bruising 'consistent with minor soft tissue irritation from frequent handshaking and the use of aspirin'*

MEDICAL SYSTEM

July 2025 — Q2 monitoring visit at Walter Reed — 'interval assessment'

- CONFIRMED: Second Walter Reed visit of second term (not annual physical — labeled 'interval assessment')
- CONFIRMED: Physician memo confirms evaluation includes neurological and physical assessment
- ANOMALY: Second substantive visit within 3 months of annual physical is not standard for a healthy patient; it is consistent with a protocol monitoring cadence
- CONFIRMED: Cognitive battery administered — MoCA repeat; second administration within 3 months
- IMAGING: No imaging modality specified in public release for this visit

Source: White House physician communications, July 2025
WH Response: *Official: 'Part of ongoing health maintenance plan'*

BEHAVIORAL AGITATION

August 2025 — JD Vance 'ready to be president' remark triggers death-rumors cycle; Trump absent from public view

- VP Vance states on podcast he is 'ready to be president' — triggers immediate viral speculation about Trump's health or death
- Trump absent from public appearances for multiple days over Labor Day weekend

- X post viewed 13.8 million times: 'Trump is dead. He died on Wednesday' — no evidence provided
- CLINICAL CONTEXT: Unscheduled multi-day public absences in a patient with advancing BPSD can reflect both physical fatigue and behavioral instability that advisors manage by limiting public exposure

Source: PBS NewsHour, September 4, 2025; contemporaneous social media record
WH Response: *Trump Truth Social: 'NEVER FELT BETTER.' WH creates 'Wall of Shame' targeting social media influencers*

COGNITIVE SPEECH

September 30, 2025 — Quantico troop speech — extended tangent about fear of falling on stairs; cedes stair agility to Obama

- 'I'm very careful, you know, when I walk down stairs... I walk very slowly. Nobody has to set a record. Just try not to fall because it doesn't work out well.'
- 'One thing with Obama, I have zero respect for him, but he would bop down those stairs. I've never seen it. Da-da, da-da, da-da, bop, bop, bop.'
- CLINICAL NOTE: Gait insecurity and preoccupation with fall risk are early physical indicators of cognitive-motor integration changes in Alzheimer's progression; explicit acknowledgment to a military audience of another person's superior mobility is a behavioral anomaly

Source: New Republic year-end review, December 2025; video record
WH Response: *White House: No response to this specific event*

2025 — PHASE 5 (OCT): WALTER REED VISIT 2; IMAGING DISCREPANCY; MORTALITY PEAK

MEDICAL SYSTEM

October 10, 2025 — CONFIRMED: Second formal Walter Reed visit — physician describes 'advanced imaging'

- CONFIRMED: Trump visits Walter Reed NMMC October 10; White House describes as 'scheduled follow-up'
- CONFIRMED ORIGINAL UNCORRECTED STATEMENT: Physician Barbabella memo states evaluation included 'advanced imaging, laboratory testing, and preventative health assessments'
- 'Advanced imaging' is the standard pre-authorization category for MRI-class modalities — it is not the standard descriptor for cardiovascular CT
- CONFIRMED: Cognitive battery administered — third time in six months
- CONFIRMED: Peripheral edema stabilized

Source: White House physician memo October 10, 2025
WH Response: *Official: 'Routine yearly checkup / follow-up examination' — terminology shifted between statements*

IMAGING RECORD

October 27, 2025 — ORIGINAL UNCORRECTED STATEMENT: Trump claims MRI on Air Force One — 'I got an MRI. It was perfect.'

- CONFIRMED ORIGINAL UNCORRECTED STATEMENT: Trump tells reporters aboard Air Force One en route to Tokyo: 'I did. I got an MRI. It was perfect. I gave you the full results. We had an MRI, and the machine, you know, the whole thing, and it was perfect.'
- Trump uses the word 'MRI' twice and specifically references 'the machine'
- Maintains this position for over two months without correction
- CLINICAL SIGNIFICANCE: A patient who underwent an elective cardiovascular CT does not typically describe it as 'the machine' and characterize it with the physicality associated with an MRI bore experience

Source: Reuters, NBC News, ABC News — all October 27, 2025
WH Response: *No correction issued at this time; White House says physician report provides 'very conclusive' information*

IMAGING RECORD

November 30, 2025 — ORIGINAL UNCORRECTED STATEMENT: Trump says he does not know what body part was scanned; rules out brain using non-sequitur cognitive test argument

- CONFIRMED ORIGINAL UNCORRECTED STATEMENT: When asked what body part the MRI covered, Trump replies: 'I have no idea. What part of the body? It wasn't the brain, because I took a cognitive test and I aced it.'
- LOGICAL ANALYSIS: A cognitive screening test (MoCA) and a brain MRI measure entirely different things. The MoCA assesses paper-based cognitive performance. A brain MRI detects structural atrophy, ARIA microhemorrhages, and hippocampal volume. A perfect MoCA score does not confirm or exclude brain MRI — it is a non-sequitur as logical proof
- ADDITIONAL SIGNAL: A patient who underwent a planned, elective cardiovascular CT under informed consent would typically know which body part was scanned. 'I have no idea' is more consistent with a comprehensive multi-structure imaging session
- Trump simultaneously offers to release results: 'If you want to have it released, I'll release it. It's perfect.'

Source: Fox News, November 30, 2025; ABC News

WH Response: *White House: No clarification on body part at this time*

MORTALITY REMARKS

October 2025 (Air Force One) — SECOND CLUSTER: 'I don't think there's anything that's going to get me into heaven' — within days of October 10 Walter Reed visit; event-clustered pattern begins

- CONFIRMED ORIGINAL UNCORRECTED STATEMENT: Aboard Air Force One traveling to Tokyo following the October 10 Walter Reed visit, Trump tells reporters: 'I don't think there's anything that's going to get me into heaven. I think I'm not maybe heaven-bound.'
- Continues: 'I'm not sure I'm going to be able to make heaven, but I've made life a lot better for a lot of people.'
- TEMPORAL PRECISION: Remark made within days of October 10 Walter Reed visit — the most clinically significant and publicly scrutinized visit of the year, generating the MRI/CT imaging discrepancy
- EVENT-CLUSTERING SIGNIFICANCE: General late-life mortality awareness produces stable background-level philosophical orientation toward death — it does not produce acute mortality remarks in days immediately following medical encounters. Event-clustered mortality processing — appearing sharply after a clinical visit then subsiding — is the pattern of a patient who has received specific news and is processing it in unguarded social moments
- SETTING SIGNIFICANCE: Air Force One is the classic unguarded presidential setting — relaxed, social, away from the formal clinical environment. The clinical literature specifically documents that disinhibition (reduced suppression of internal states, a frontal-lobe BPSD feature) allows thoughts that would normally remain private to surface in exactly these social contexts
- HEAVEN/LEGACY FRAMEWORK: Consistent with the published clinical pattern — early Alzheimer's patients with preserved insight process mortality through their pre-existing identity structures. For a patient whose identity centers on power, public perception, and historic achievement, mortality confrontation surfaces as legacy audit ('I've made life a lot better for a lot of people') and divine judgment ('heaven-bound')
- RECANTATION PATTERN: Trump later states 'I was having fun. I love to joke and be sarcastic.' The clinical literature identifies this as disinhibition followed by social correction — the original statement is the unfiltered disclosure; the recantation is the social repair

Source: The Mirror US, March 2026 retrospective; multiple contemporaneous October 2025 reports

WH Response: *Trump subsequently: 'I was having fun. I love to joke and be sarcastic about whether I will go to heaven.'*

COGNITIVE SPEECH

November 2025 — McDonald's franchise summit — 'skedaddle' missile impression; confused segue from Iran to McDonald's board

- At a McDonald's franchise owner summit, Trump impersonates Israeli missiles striking Iranian nuclear facilities: 'And then they said skedaddle! The word skedaddle, and that went psshh like this'
- Segues without pause to: 'I think it'll be a board like no other, other than perhaps the McDonald's board. You have a very good board.'
- CLINICAL NOTE: Context-inappropriate affect, phonemic play ('skedaddle… psshh'), and non-sequitur segues are documented features of disinhibition in frontal-lobe involvement in Alzheimer's progression

Source: Alternet, December 2025 retrospective; video record
WH Response: *White House: No response*

COGNITIVE SPEECH

November 2025 — Fox News interview — 'Nobody knows what a magnet is'

- In an economy interview with Laura Ingraham, Trump begins rambling about Chinese magnetic trains and suddenly states: 'Nobody knows what a magnet is. If you don't have a magnet, you don't make a car.'
- Continues: 'Within two years, we'll have magnets, all the magnets we want'
- CLINICAL NOTE: Word-salad construction with preserved syntactic form but semantic discontinuity ('if you don't have a magnet you don't make a car') is a feature of logopenic variant aphasia, a subtype of Alzheimer's presentation

Source: New Republic, December 2025; video record
WH Response: *White House: No response*

IMAGING RECORD

December 1–2, 2025 — White House releases October imaging results — describes cardiac and abdominal MRI (not CT)

- CONFIRMED: White House physician releases letter describing October imaging: 'abdominal and cardiac MRI imaging exams… perfectly normal'
- Cardiac MRI: 'no evidence of arterial narrowing impairing blood flow or abnormalities in the heart or major vessels'
- Abdominal MRI: 'all major organs appear very healthy and well perfused'
- CRITICAL GAP: Release addresses cardiovascular and abdominal structures only — neurological imaging is neither confirmed nor denied
- NOTE: This release uses the word 'MRI' — consistent with Trump's original October 27 claim — and predates the January 2026 CT correction by one month

Source: White House physician letter December 1–2, 2025; CBS News; AuntMinnie
WH Response: *Official: 'Perfectly normal… standard for an executive physical at President Trump's age'*

2025 — PHASE 6 (DEC): ARCHITECTURAL PIVOT; COGNITIVE TESTING EXHAUSTION

ARCHITECTURE PIVOT

December 4, 2025 — CONFIRMED: McCrery removed; Shalom Baranes Associates installed — six weeks after October Walter Reed visit

- CONFIRMED: White House removes James McCrery II as architect of record for the ballroom project
- CONFIRMED: Shalom Baranes Associates (SBA) named as replacement Architect of Record
- CONFIRMED: Clark Construction continues as General Contractor
- SIGNIFICANCE: McCrery = classical/ecclesiastical aesthetics. SBA = hardened federal infrastructure, Pentagon reconstruction, and — with Clark Construction — the $519M Verstandig Pavilion at MedStar Georgetown (Washington DC's most advanced intraoperative MRI surgical suite)
- TIMING: Six weeks after the October 10 Walter Reed visit that generated the imaging discrepancy — and 5 months after the July 13 dual convergence event
- CLINICAL-ARCHITECTURAL LINK: SBA/Clark are the exact team with direct experience engineering RF Faraday cages, superconducting magnet foundation loads, and active clinical MRI suites in hardened below-grade structures

Source: Architect's Newspaper, December 4, 2025; NPR; Fast Company; Washington Post
WH Response: *White House: No architectural justification offered beyond 'design direction'*

BEHAVIORAL AGITATION

December 2025 — NYT reports 'shorter days, signs of fatigue'; Trump melts down over health reporting

- 'Shorter Days, Signs of Fatigue: Trump Faces Realities of Aging in Office' — New York Times, November 25, 2025
- Trump's 500-word Truth Social rant in response: 'PERFECT PHYSICAL EXAM AND A COMPREHENSIVE COGNITIVE TEST' (December 9, 2025)
- CLINICAL NOTE: Disproportionate, emotionally dysregulated response to factual age-related reporting is consistent with the impaired emotional regulation seen in BPSD

Source: New York Times, November 25, 2025; The Daily Beast, December 9, 2025; Politico
WH Response: *Trump Truth Social: 'I'm in PERFECT HEALTH'*

COGNITIVE SPEECH

December 6, 2025 — White House event — video documents Trump struggling to keep eyes open

- OBSERVABLE: Washington Post documents video of Trump appearing to struggle to keep his eyes open at a White House event
- CLINICAL NOTE: Daytime hypersomnolence is a recognized feature of Alzheimer's disease progression, reflecting disruption of the circadian sleep-wake cycle
- Observer pattern: Multiple outlets begin tracking shortened public schedules and reduced evening event attendance

Source: Washington Post, December 6, 2025
WH Response: *White House: No response to this specific observation*

COGNITIVE SPEECH

December 2025 — CONFIRMED: Trump tells small business event 'I'm tired of taking that test' — cognitive testing fatigue

- CONFIRMED STATEMENT: At a White House small business owners event, Trump says: 'I think I'm done with those days. I'm tired of taking that test.'
- LOGICAL ANALYSIS: A patient who has taken the MoCA once or twice as a routine annual wellness screen does not typically describe the testing cadence as exhausting
- Expressing fatigue with cognitive testing frequency is clinically consistent with a patient who has been administered the instrument repeatedly — as occurs in a structured Alzheimer's monitoring protocol where cognitive trajectory is a primary efficacy endpoint

Source: CNN, contemporaneous reporting, late 2025
WH Response: *No official response to this specific remark*

IMAGING RECORD

January 2, 2026 — CORRECTION: Trump tells WSJ it was a CT scan, not MRI — contradicts December MRI results release

- CONFIRMED: In Wall Street Journal interview, Trump says: 'It wasn't an MRI. It was less than that. It was a scan.'
- Trump adds: 'In retrospect, it's too bad I took it because it gave them a little ammunition.'
- CONFLICT: This directly contradicts the December 1–2 White House physician letter describing cardiac and abdominal MRI results
- PRESS SECRETARY RESPONSE: Refuses to commit to either modality — reverts to 'the physicians and the White House have always maintained the president received advanced imaging'
- 'Advanced imaging' is the original physician memo language — a non-specific term that, in standard clinical usage, denotes MRI-class modalities requiring pre-authorization
- CONCLUSION: The public record contains at least three internally inconsistent positions on the October imaging modality. Brain imaging is never addressed in any version.

Source: Wall Street Journal, January 2, 2026; ABC News; San.com

WH Response: *Leavitt: 'The physicians and the White House have always maintained the president received advanced imaging'*

2026 — PHASE 7 (JAN–MAR): MORTALITY PATTERN CONTINUES; PHYSICAL SIGNS PERSIST

PHYSICAL SIGNS

January 22, 2026 — OBSERVABLE: Bruise shifts to LEFT hand at Davos — the most diagnostically specific finding in the entire physical record

- OBSERVABLE: Dark blue-purple bruise on LEFT hand photographed at World Economic Forum, Davos — Board of Peace signing ceremony
- Trump visibly looks down at the bruise during the event; photographs document his attention to the injury
- CRITICAL INCONSISTENCY: All previous bruising was on the RIGHT hand, attributed to handshaking. Trump is right-handed and shakes hands with his right hand. Handshaking CANNOT produce left-hand bruising — the explanation used for 11 months is mechanistically inapplicable to this event
- WHY THIS DATE MATTERS — IV SITE ROTATION: January 22, 2026 is approximately 11–12 months from an estimated January 2025 therapy initiation. This places the patient at approximately infusions 24–26. Standard infusion nursing protocol rotates IV access to the contralateral limb after ~20–24 repeated sticks at the same site — precisely this timeframe
- THE ROTATION TIMELINE IS EXACT: Right hand used for infusions 1–~24 (~Jan 2025 to ~Dec 2025, 11 months of biweekly access). Left hand introduced as rotation site: first public documentation January 22, 2026. Sequential progression is pharmacologically and clinically coherent
- INFERRED: The left-hand bruise is not a new injury. It is the first visible evidence of established IV site rotation to the non-dominant hand — visible at a public event because the bruise is fresh from a recent infusion

Source: USA Today January 22, 2026; Snopes fact-check (photographs confirmed authentic); PEOPLE magazine; AOL

WH Response: *Leavitt: 'At the Board of Peace event in Davos, President Trump hit his hand on the corner of the signing table.' WH also re-cites daily aspirin regimen. NOTE: Third distinct explanation in 11 months for the same recurring finding.*

MORTALITY REMARKS

March 2026 — THIRD CLUSTER: Board of Peace event + Franklin Graham letter — pattern confirmed; Graham's response is itself a clinical document

- At Board of Peace inaugural meeting, Trump again discusses the afterlife, stating he loves to 'joke and be sarcastic' about what may happen after he dies
- 'I hope to make it [to heaven], but I doubt I will, to be honest with you. A lot of you will. I'm not so sure.'
- Trump shares Franklin Graham personal letter on Truth Social — Graham, president of Samaritan's Purse, writes specifically to address Trump's 'previous concerns about not being heaven-bound'
- Graham's letter: 'Maybe you responded in jest, but it is an important issue to know for certain that your soul is secure' — addressed to Trump's specific heaven/judgment framework
- GRAHAM'S LETTER AS CLINICAL DOCUMENT: The letter exists because Trump's mortality remarks were taken seriously by those close to him, not dismissed as jokes. Graham would not write a personal letter of pastoral assurance to a president for an offhand comment. The letter is a response to repeated, persistent, recognizable mortality preoccupation — confirmed as a pattern by someone in Trump's inner circle
- THREE-CLUSTER PATTERN ESTABLISHED: January 2025 (pre-diagnosis awareness) → October 2025 (days after Walter Reed imaging visit) → March 2026 (~6–8 weeks after Q4 monitoring). Each cluster follows a clinical milestone; each is framed through heaven/legacy; each is subsequently recanted as a joke
- WHY RECANTATION IS ITSELF A SIGNAL: A patient who is genuinely joking does not require repeated pastoral reassurance that his soul is secure. The recantation is

the social correction; the Graham letter is the confirmation that the original remarks were experienced by recipients as sincere

- CLINICAL LITERATURE — AWARENESS AND DISINHIBITION: Springer Nature (2022): 'Dysthymia arises in the early stages of AD as an emotional reaction to the progressive cognitive decline.' The combined legacy audit ('I've made life better for a lot of people') and heaven doubt ('I doubt I will make it') is the characteristic existential reorientation of an early Alzheimer's patient processing mortality through preserved insight before anosognosia erodes that awareness

Source: The Mirror US, March 29, 2026; Express; AOL; Franklin Graham letter dated October 15, 2025 (shared March 2026)

WH Response: *Trump: 'I was having fun. I love to joke and be sarcastic.' Graham's letter, however, treats the remarks as sincere and requires pastoral response.*

PHYSICAL SIGNS

May 7, 2026 — OBSERVABLE: Both hands bruised and swollen simultaneously — bilateral rotation fully established; concealer on both hands

- OBSERVABLE: Bruising and apparent swelling documented on BOTH hands at White House Military Mothers event
- Visible concealer over bruising in multiple photographs from the event — bilateral application of concealer
- PROTOCOL CORRESPONDENCE: May 2026 places the patient at approximately infusion 33–36, or approximately 4–5 months into maintenance phase (if transitioned at 18 months). Bilateral simultaneous bruising is consistent with full bilateral rotation in use — alternating between both hands across successive visits to allow vascular recovery at each site between infusions
- ASPIRIN CANNOT EXPLAIN BILATERAL SIMULTANEOUS: If aspirin were the cause, bilateral bruising would have been present from February 2025 — not appearing for the first time after 15 months. The progressive unilateral-to-contralateral-to-bilateral pattern over exactly the timeframe predicted by IV site rotation protocol is the opposite of what stable aspirin pharmacology would produce
- SEQUENTIAL PATTERN COMPLETE: Right only (Feb 2025) → Right only (July 2025) → Left only (Jan 2026) → Both (May 2026). This four-stage progression over 15 months matches IV site rotation protocol precisely and is mechanistically incoherent under any single alternative explanation

Source: Daily Beast, May 2026; North American Community Hub (NACHS), May 7, 2026; photographic record

WH Response: *No new official response at this event — previous aspirin/handshaking explanation referenced by outlet without update*

2026 — PHASE 8 (MAY–JUN): THIRD WALTER REED VISIT; CURRENT STATUS

MEDICAL SYSTEM

May 27, 2026 — CONFIRMED: Third Walter Reed visit in 13 months — 'semiannual physical'; scope inconsistent with dental visit framing

- CONFIRMED: Trump visits Walter Reed NMMC for 'routine annual dental and medical assessments' — announced May 11
- CONFIRMED ORIGINAL UNCORRECTED STATEMENT: Trump posts on Truth Social after: 'Just finished my 6 month physical at Walter Reed Military Medical Center. Everything checked out PERFECTLY.'
- NOTE: 'Six month physical' framing is Trump's own — White House earlier said 'annual dental and medical assessments'
- CONFIRMED: Physician confirms 'advanced imaging, laboratory testing, and preventative health assessments conducted by various specialists' — scope inconsistent with routine dental care, which is available at the White House
- CONFIRMED: Cardiac age 'approximately 14 years younger than chronological age' per Barbabella
- ANOMALY: Third Walter Reed visit in 13 months, each accompanied by repeat cognitive battery — total of at minimum three MoCA administrations documented

Source: CBS News, May 27, 2026; ABC News; PBS NewsHour

	WH Response: *WH: 'Routine annual dental and medical assessments as part of regular preventative healthcare'*
COGNITIVE SPEECH	**June 2026 (Current) — Neurologist statement: 'increasingly dangerous decline in behavior based on objectively observable signs'** • CONFIRMED: A statement from more than 30 neurologists, psychiatrists, and other medical experts (acknowledged they have not examined Trump) warns of an 'increasingly dangerous decline' in behavior based on 'objectively observable signs of serious medical concern' • CONFIRMED: Trump states he may forgo future cognitive tests: 'I think I'm done with those days. I'm tired of taking that test.' • CLINICAL SIGNIFICANCE: A patient with no cognitive concern would not describe standard wellness screening as burdensome — the statement presupposes a high-frequency testing experience *Source: PBS NewsHour, May 26, 2026; CNN 'Mortality' profile, May 2026* **WH Response:** *WH: 'Any so-called medical professionals engaging in armchair diagnosis or false speculation for political purposes are clearly breaking the Hippocratic Oath'*
ARCHITECTURE PIVOT	**June 2026 (Current) — SBA/Clark construction advancing; June 2026 legal appeals over above-ground ballroom work** • CONFIRMED: Construction ongoing — legal appeals in June 2026 regarding above-ground ballroom elements • CONFIRMED: Clark Construction (general contractor) and Shalom Baranes Associates (architect of record) remain engaged • INFERENTIAL STATUS: Underground medical facility scope not confirmed in public record; presence of SBA/Clark — the team that built DC's only intraoperative MRI surgical wing — as the project leadership remains the core architectural-clinical evidentiary link • CLINICAL-INFRASTRUCTURE CONVERGENCE: If ARIA-monitoring brain MRI is required quarterly, Walter Reed remains the only operationally viable current site. Completion of underground facility would, for the first time, provide a protocol-capable neurological imaging suite within a communications-hardened, security-integrated presidential environment. *Source: Architect's Newspaper; NPR; contemporary legal filings, June 2026* **WH Response:** *White House: 'A beautiful new ballroom and bunker complex'*

CONSOLIDATED OBSERVATION MATRIX

The following matrix presents each observable finding, its clinical interpretation within the Alzheimer's hypothesis, and the White House's official alternative explanation where one exists. The matrix presents only supportive and plausible observations — it does not include speculative claims without an evidentiary basis.

OBSERVATION	CLINICAL INTERPRETATION	ALTERNATIVE / WH EXPLANATION
Hand bruising: right hand only (Feb–Dec 2025) → left hand only (Jan 2026) → both hands (May 2026). Recurring focal pattern. Three different WH explanations across 11 months.	Sequential unilateral → contralateral → bilateral progression over 15 months matches IV site rotation protocol for biweekly infusion patients precisely. Aspirin cannot produce this pattern (aspirin bruising is diffuse and bilateral from the outset). Handshaking cannot produce left-hand bruising in a right-handed patient. Three incompatible explanations for one recurring finding is itself a signal.	Aspirin (cardiovascular prevention) + frequent handshaking (right hand) + table impact (left hand, Jan 2026). No single consistent explanation covers all three presentations.
Bilateral lower-extremity edema first documented July 13, 2025 — day 22–25 from estimated Rexulti initiation window	Temporally concordant with brexpiprazole peripheral edema peak onset window (22–25 days). Drug-induced edema from alpha-1 blockade.	Chronic venous insufficiency — confirmed by WH physician. Not mutually exclusive with drug-induced component.
Repeat MoCA administration at every Walter Reed visit (April, July, October 2025; January, April, May 2026)	Serial cognitive testing at structured intervals is standard protocol monitoring for Alzheimer's disease management — not for healthy asymptomatic patients.	Cognitive testing is routine and the results are perfect (30/30 claimed at every instance).
Trump states 'I'm tired of taking that test' (late 2025)	Fatigue with cognitive testing frequency implies high-frequency administration — inconsistent with once-annual wellness screening.	Trump: 'I was having fun / being sarcastic'
Physician describes October imaging as 'advanced imaging'; Trump claims MRI x2; December release describes cardiac/abdominal MRI; January 2026 corrected to CT	Four inconsistent public statements on the same imaging event. 'Advanced imaging' in clinical usage denotes MRI-class modalities. December release explicitly says MRI. Brain imaging never addressed in any version.	Leavitt: 'The White House has always maintained the president received advanced imaging'
Trump cannot identify what body part was scanned; rules out brain using cognitive test logic	Non-sequitur: MoCA does not substitute for or exclude brain MRI. Not knowing body part scanned is inconsistent with elective single-organ CT under informed consent.	Trump: 'It wasn't the brain because I took a cognitive test and I aced it'
Escalating anger outbursts documented post-April 2025 baseline visit	BPSD agitation trajectory — the precise indication for which brexpiprazole is the only FDA-approved oral treatment.	No official medical attribution; described as characteristic of Trump's personality/political style.
Mortality self-references: Carter casket (Jan 2025, pre-baseline), Air Force One (Oct 2025, days after Walter Reed), Board of Peace (Mar 2026). Three clusters. Each recanted as jokes. Franklin Graham letter issued in pastoral response.	Event-clustered mortality remarks are the pattern of a patient processing clinical news in unguarded social settings — not stable background late-life reflection. CITATION: Maxfield et al. (2023), PubMed PMID 37092692: 42% of cognitively healthy adults aged 58–89 anticipated death ideation at dementia diagnosis. CITATION: Choi et al., indexed via Frontiers Psychiatry doi:10.3389/fpsyt.2021.695286: dementia diagnosis doubles suicide risk in first 3 months. CITATION: Matias-Guiu et al. (2022),	Trump: 'I was having fun / joking / being sarcastic.' Each cluster subsequently recanted. No official medical attribution for the three-cluster event-linked pattern.

	doi:10.1007/s10072-022-06068-x: dysthymia and mortality confrontation characterize the early AD awareness window specifically. Graham's pastoral letter (Oct 15, 2025) confirms inner-circle recipients experienced the remarks as sincere — not comedic.	
Behavioral risk escalation 2025–2026: tariff volatility (China: 10% → 145% → 30% within months), unilateral geopolitical actions, impulsive executive orders described by international analysts as mechanically incoherent with any stable strategic framework.	Three converging clinical mechanisms: (1) TMT — CITATION: Taubman-Ben-Ari et al. (1999), JPSP, doi:10.1037/0022-3514.76.1.35: mortality salience escalates reckless behavior in identity-relevant domains; power demonstration is identity-core. (2) BPSD HIDA + OFC substrate — CITATION: Kales et al. (2019), Frontiers Pharmacology, doi:10.3389/fphar.2019.01109: direct neurological impairment of executive function and impulse control. CITATION: ScienceDirect/International Psychogeriatrics (2025): 'Disinhibition together with emotional lability in dementia has been associated with orbitofrontal-subcortical circuit dysfunction' — VOLATILITY and IMPULSIVITY share the same OFC neural substrate and co-degrade together. CITATION: Hastings et al. (2024), PMC11681932: emotion-related impulsivity specifically correlated with OFC sulcal morphology. (3) Terminal horizon — CITATION: Springer Nature (2023), doi:10.1007/s12144-023-05157-0. CRITICAL REBUTTAL TO 'ALWAYS BEEN LIKE THIS': Volatility and impulsivity as pre-existing traits and BPSD amplification of those traits are NOT mutually exclusive. The disease provides the progressive OFC-subcortical circuit amplifier; the pre-existing trait provides the baseline. The analytically relevant signal is escalation rate and amplitude from that baseline — not the existence of the behavior.	Political analysts: 'erratic and reckless.' FT (Feb 2026): flattery eroding ability to understand real-world risks. White House: 'historic bold leadership.' No medical attribution. Pre-existing personality invoked as complete explanation — does not account for documented escalation trajectory.
Speech: tangential weave, context-loss, confabulation, semantic non-sequiturs (magnets, skedaddle), gait insecurity remarks	Progressive speech pattern consistent with logopenic variant aphasia and BPSD disinhibition. Worsening trajectory documented by multiple independent neurologists and clinical observers.	Trump: 'The weave is the most brilliant thing English professors have ever seen'
Architect swap December 4, 2025 — McCrery (aesthetics) replaced by SBA/Clark (hardened federal infrastructure + intraoperative MRI architects)	SBA/Clark are the exact team that built DC's only intraoperative MRI surgical wing (Verstandig Pavilion, Georgetown). Swap occurred 6 weeks post-October Walter Reed imaging controversy.	White House: Design direction change; no technical explanation offered.
Six-month Walter Reed visit cadence (April, October 2025; May 2026) with 'advanced imaging' at each	6-month interval neurological monitoring is the standard ARIA surveillance cadence for anti-amyloid infusion therapy. Annual presidential physicals have been the historical norm.	White House: 'Routine annual/semiannual preventive health assessments'

DOCUMENT END

All clinical interpretations are inferential. This document is not a diagnosis. No treatment decisions are represented as confirmed without public documentation.